## PRELIMINARY EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? Name: TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on standards of Official Conduct and certain other "excepted trusts" need not IV. Did you, your spouse, or a dependent child purchase, sell or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I. they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Standards of Official Conduct **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because **CALENDAR YEAR 2008 FINANCIAL DISCLOSURE STATEMENT** liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule V. V. Did you, your spouse, or a dependent child have any reportable If yes, complete and attach Schedule IV. If yes, complete and attach Schedule III. income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule II. reporting period? Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the UNITED STATES HOUSE OF REPRESENTATIVES Did you, your spouse, or a dependent child receive "unearned" Report Type Status Fier INFORMATION — ANSWER EACH OF THESE QUESTIONS Member of the U.S. Annual (May 15) House of Representatives District: State: 10VECTIC. ONTO ï Amendmen: Yes Yes X Yes X Yes Yes Daytime Telephone: **₹** <u>₹</u> <u>Z</u> <u>Z</u> <u>N</u> Officer or Employee an outside entity? If yes, complete and attach Schedule IX. period (worth more than \$335 from one source)? reportable travel or reimbursements for travel in the reporting of filing in the current calendar year? If yes, complete and attach Schedule VIII. VII. Did you, your spouse, or a dependent child receive any VIII. Did you hold any reportable positions on or before the date than \$335 and not otherwise exempt)? VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more Did you have any reportable agreement or arrangement with If yes, complete and attach Schedule VII. If yes, complete and attach Schedule VI. For use by Members, officers, and employees appropriate schedule attached for each "Yes" response. Employing Office: Each question in this part must be answered and the Termination 225 Form ermination Date: 5731 A \$200 penalty shall be assessed against anyone who files more than 30 days late. LEGISLATIVE RESOURCE CENTER 2605 MEN 15 AM 9: 32 (Office Use Only) Yes Yes Yes Yes Yes Yes ö **8 X** <u>8</u> 8 <u>Z</u> <mark>2</mark>

Name ALVE	_
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SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income

exceeding \$1,000. See examples below. <b>Exclude:</b> Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.	its received under the Social Sec	curity Act.
Source	Туре	Amount
Keene State	Approved Teaching Fee	\$6,000
	Legislative Pension	\$9,000
Civil War Roundtable (Oct. 2nd)	Spouse Speech	\$1,000
Ontario County Board of Education	Spouse Salary	NA
VAN Scurpe AND Associates	Souse Sourcey	N/A
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For payments to charity in lieu of honoraria, use Schedule II.

## Ľ 7 $\mathcal{L}$ 5 SP, optional column on the far left. or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the If you so choose, you may indicate that an asset **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by instruction booklet. Block A. For additional information, see the of its activities, and its geographic location traded, state the name of the business, the nature provide the value and income information names of stocks and mutual funds (do not use which generated more than \$200 in "unearned" od, and (b) any other asset or sources of income exceeding \$1,000 at the end of the reporting periduction of income with a fair market value Government retirement programs. your spouse, or by you or your spouse's child, period. For an active business that is not publicly account and its value at the end of the reporting not self-directed, name the institution holding the each asset in the account that exceeds the not exercised, to select the specific investments). plans (such as 401(k) plans) that are self directed ticker symbols). For **all IRAs** and other retirement land, provide a complete address. income during the year. For rental property or Identify (a) each asset held for investment or proless in personal savings accounts; any financial parent, or sibling; any deposits totalling \$5,000 or reporting threshold. For retirement plans that are (i.e., plans in which you have the power, even if Examples Asset and/or Income Source めとらんとうちいっとうと or income derived Ξ 7 = Mega Corp. Stock Simon & Schuster 1st Bank of Paducah, KY Accounts **BLOCK A** Provide full from U.S. 100 = ~ 2 9 ➣ None generated income, the value should be If an asset was sold during the reporting please specify the method used method other than fair market value reporting year. If you use a valuation "None." year and is included only because it Indicate value of asset at close of œ Indefinite 1 - 1,000O \$1,001 - \$15,000 U \$15,001 -- \$50,000 Value of Asset ш \$50,001 ~ \$100,000 BLOCK B X П \$100,001 - \$250,000 × G \$250,001 - \$500,000 I \$500,001 - \$1,000,000 \_ \$1,000,001 - \$5,000,000 ے \$5,000,001 - \$25,000,000 ᄌ \$25,000,001 - \$50,000,000 Over \$50,000,000 X X X NONE not allow you to choose specific investments, you may write "NA." For retirement plans or accounts that do Check all columns that apply. For ate any income during calendar year. Check "None" if asset did not genervested, should be listed as income. Dividends and interest, even if reinall other assets including all IRAs, ing the appropriate box indicate the type of income by check-DIVIDENDS × $\times$ RENT Type of Income INTEREST BLOCK C × CAPITAL GAINS **EXCEPTED/BLIND TRUST** Royalties Other Type of Income below. (Specify: For Example, Partnership Income or Farm Income) X X \_\_ None or generated. Check "None" if no income was earned vested, should be listed as income Dividends and interest, even if reinchecking the appropriate box below. ments, you may write "NA" for income. indicate the category of For all other assets, including all IRAs, not allow you to choose specific invest-For retirement plans or accounts that do = \$1 - \$200× \$201 - \$1,000 Ξ Amount of Income ₹ \$1,001 - \$2,500 < BLOCK D \$2,501 - \$5,000 ≤ × \$5,001 ~ \$15,000 ≦ \$15,001 - \$50,000 ≦ \$50,001 - \$100,000 income by × \$100,001 - \$1,000,000 $\overline{\times}$ × \$1,000,001 - \$5,000,000 ≚ Over \$5,000,000 exceeding exchanges (E) as follows: portion of an If only a \$1000 in sales (S), or purchases (P). example. See below for please indicate asset is sold, reporting year. asset had Indicate if the ransaction S (partial) (S) (partial) BLOCK E or. Q m